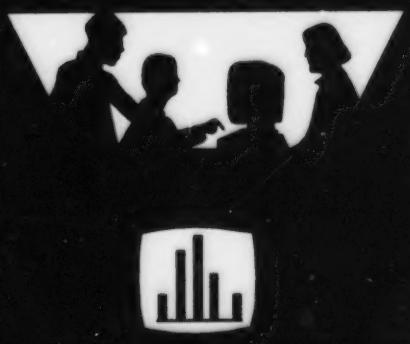

Manitoba Health Statistical Update on HIV/AIDS

1985 - Jun 2000

100-07563/

Manitoba

Health
External Programs and Operations
Public Health Branch
Communicable Disease Control Unit
Fourth Floor, 300 Carlton Street
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CANADA
Telephone: (204) 788-6786
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Santé
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August 28, 2000

Dear Colleague:

Enclosed, please find the ***Manitoba Health Statistical Update on HIV/AIDS, 1985 to June 2000***. Two new items have been included:

- An examination of the region of residence for newly identified HIV positive individuals from 1985 to June 2000; specifically, Winnipeg and Non-Winnipeg; and,
- A review of HIV cases with self-reported transmission category of MSM (males having sex with males) by age-group for two time periods, 1985 to 1994 and 1995 to June 2000

For your additional reference, the most current national surveillance report and routine updates from across Canada are available at the following address:

http://www.hc-sc.gc.ca/hpb/lcdc/bah/public_e.html.

I would like to acknowledge the contribution of Michelyn Jones, Federal Field Surveillance Officer, HIV/AIDS and STD in the preparation of this report. As always, I welcome all comments and suggestions regarding both the content and organization of the statistical update. Please do not hesitate to contact me directly at the number above or by e-mail at DeNowicki@health.gov.mb.ca.
For program-specific questions, please contact Pat Matusko, HIV/AIDS Program Coordinator at (204) 788-6728 or by e-mail at PMatusko@health.gov.mb.ca.

Sincerely,

Debbie Nowicki
CDC Epidemiologist

cc. P. Matusko
M. Jones

Enclosure

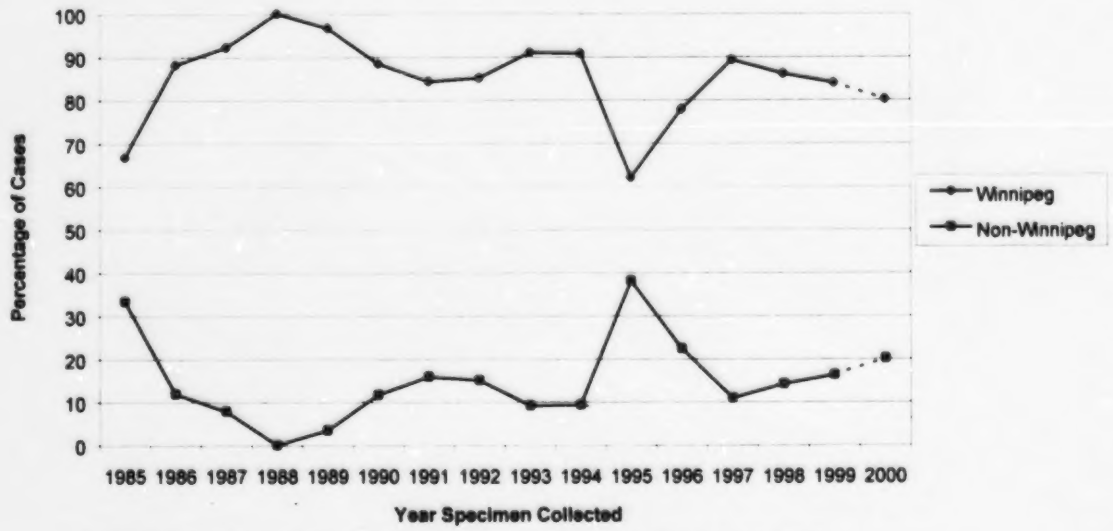
MANITOBA HEALTH STATISTICAL UPDATE ON HIV/AIDS 1985 TO JUNE 2000

HIV – January 1985 to June 30th, 2000

Between January 1 and June 30, 2000, 31 new cases of HIV have been reported in Manitoba; 26 males and 5 females, bringing the total number of HIV positive individuals to 827 since 1985 (see report - Table 1). As illustrated in Figure 1 (see attached report), there has been a consistent increase in the number of females testing HIV positive since 1994. While females represent 15% of all HIV cases reported since 1985, 7% of HIV positive individuals were accounted for by females between 1985 and 1994 as compared to 24% during 1995 and June 2000. The majority of new cases, both male and female, are between the ages of 20 and 39 years (Table 2, Figure 2).

Slightly more than 80% of all reported cases are residents of Winnipeg (at the time of testing), while approximately 10% of cases reside outside of Winnipeg (Figure 3). In recent years however, there has been a gradual increase in residence such that the percentage of cases residing outside of Winnipeg has increased (see figure below). This observation has important implications regarding the availability of HIV prevention and education resources outside of Winnipeg. Further, this finding encourages health care providers to consider/offer HIV testing.

Percentage of HIV Positive Cases*
in Manitoba by Residence, 1985 - June 2000



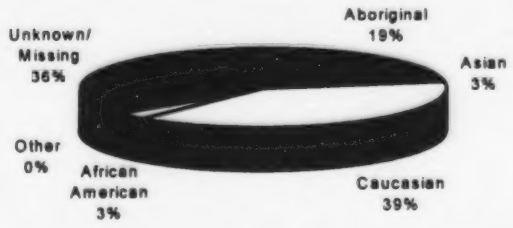
*Cases with an out-of-province or unknown residence (at the time of testing) are excluded.

Self-Reported Ethnicity

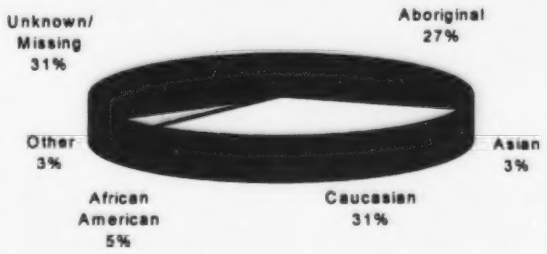
With the introduction of the *Notification of HIV Infection* form in January 1999, information describing ethnicity among newly reported HIV cases is available. As presented in the charts below, 39% (12/31 cases) of newly identified cases during January to June 2000 were self-reported as Caucasian, while 19% (6/31 cases) were self-reported as Aboriginal. These numbers increase to 60% and 30% respectively when cases with unknown or missing ethnicity are excluded (n=11). Other ethnic groups that were self-reported included Asian (n=1) and African American (n=1). When these groups are further examined by mode of transmission, the two reported categories for Caucasians include MSM

(7/12 cases; 58%) and heterosexual activity with person(s) at increased risk of HIV (5/12 cases; 42%). For Aboriginals, the most common transmission category is heterosexual activity with person(s) at increased risk of HIV (4/6 cases; 67%). Note that between January 1999 and June 2000, more than one-quarter of new HIV cases were self-reported as Aboriginal. This value increases to 39% when cases with missing or unknown ethnicity are excluded. This information is important as it further characterizes at-risk populations to support HIV prevention and planning and allocation of educational and treatment resources within Regional Health Authorities and the province.

Percentages of New Positive HIV Cases by Ethnicity in Manitoba, January to June 2000



Percentage of New Positive HIV Cases by Ethnicity in Manitoba, January 1999 to June 2000



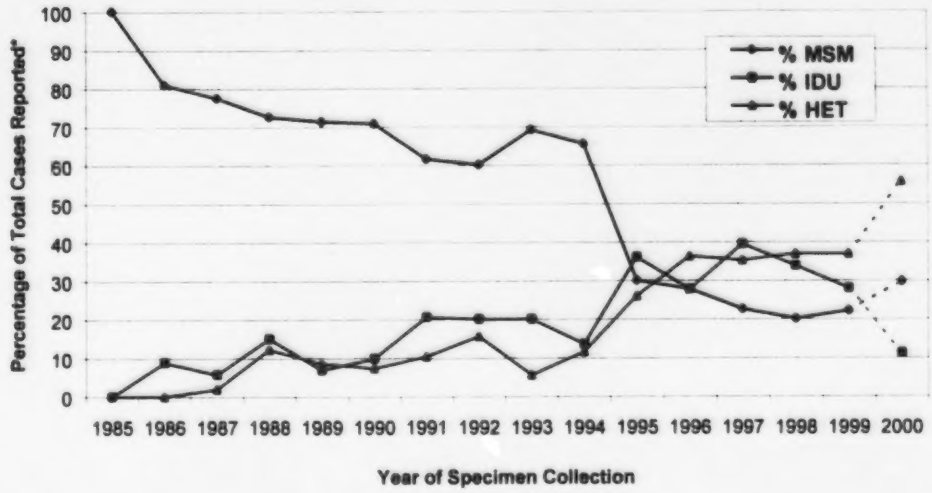
HIV Transmission Patterns

Of the 5 females testing HIV positive in the first half of 2000, 2 reported their mode of transmission as heterosexual activity with a person(s) at risk of HIV infection, while the remaining 3 cases had no identified risk. For newly positive males, the predominant mode of transmission includes heterosexual activity with person(s) at risk of HIV (13 cases) and MSM (8 cases). Table 4 describes the transmission category for all HIV positive cases by gender. When all cases are reviewed from 1985, the primary mode of transmission for males includes MSM, heterosexual activity with person(s) at risk of HIV, IDU and MSM/IDU. For females, the most common transmission categories include heterosexual activity with persons at risk of HIV and IDU (Figure 4).

When examined over time (see graph below), it is evident that the proportion of individuals reporting their transmission category as MSM has declined since 1985 and has fallen substantially since 1994. For IDU, a general trend toward an increasing proportion of cases was evident between 1985 and 1995. The proportion of cases reporting heterosexual activity with person(s) at increased risk of HIV has increased steadily since 1995 reaching a high of 55.6% in 2000; although data for this time period reflect six months only. In total, these three transmission categories represent more than 70% of all HIV antibody positive individuals.

It is important to mention that these data reflect individuals coming forward for testing and are subject to any changes or patterns in those presenting for testing. Further, it is important to emphasize that the mode of transmission is self-reported. However, collection of such information is critical to furthering our knowledge of current trends and provides evidence and support to direct planning and prevention services.

Risk Profile for HIV Positive Cases in Manitoba, January 1985 - June 2000

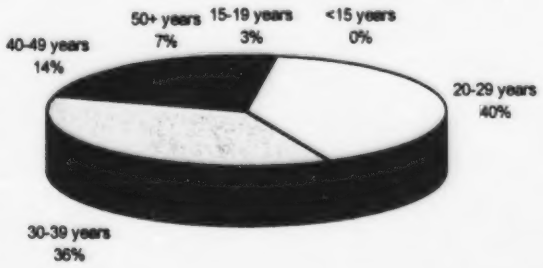


*Cases with no identified risk (NIR) were excluded from the denominator.
MSM is men having sex with men.
IDU is injection drug user including MSM/IDU.
HET is heterosexual activity with person(s) at increased risk of HIV.

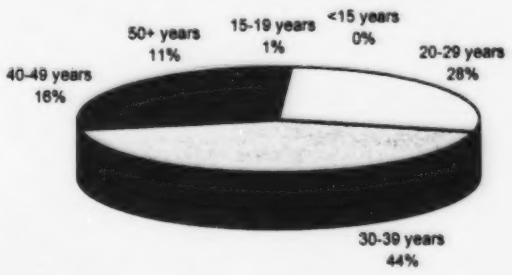
Age of HIV Positive Cases Among MSM Risk Profile

During January 1995 and June 2000, there has been a slight increase in the age of HIV positive cases with mode of transmission reported as MSM when compared to an earlier time period of 1985-1994. This is particularly evident in those individuals between the ages of 30 and 39 (44% vs. 36%). Alternatively, there has been a decrease in those individuals who are between the ages of 20 and 29 years of age, from 40% during 1985 to 1994 to 28% for the period 1995 to 2000.

Age of HIV Positive Cases with MSM Risk Profile in Manitoba, January 1985 - December 1994



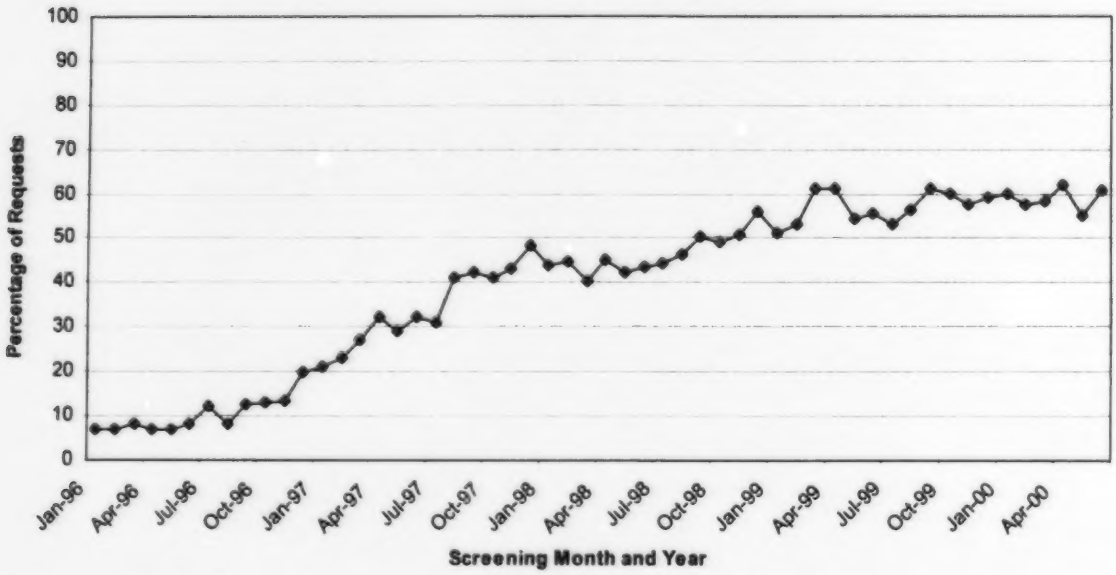
Age of HIV Positive Cases with MSM Risk Profile in Manitoba, January 1995 - June 2000



HIV Testing in Pregnancy

In 1994, a provincial policy on HIV testing in pregnancy was developed such that: "*All physicians should offer HIV testing and counseling to all pregnant women. The decision to be tested should be voluntary and based on informed consent*". This policy has since been revised and reads: "*It is strongly recommended that all physicians provide appropriate information and offer testing for HIV to all pregnant women as part of routine prenatal care. The decision not to be tested should be voluntary and based on informed choice*". When current statistics are examined, it is evident that HIV testing has increased steadily since 1996 reaching a high of 61% in March, April, and October of 1999. Similar results are seen in 2000, with 60% in January, a high of 62% in April, and 61% in June. For the remaining 40% of individuals, strategies are being considered to increase prenatal HIV testing, particularly in women who are not accessing prenatal care.

Percentage of Prenatal Screening Specimens Requesting HIV Testing in Manitoba, January 1996 to June 2000



AIDS – January 1985 to June 30th, 2000

Between January 1 and June 30, 2000, 8 new cases of AIDS were reported; 7 males and 1 female. These reports bring the total number of cases to 186 since 1985 (Table 5). The number of reported AIDS cases has declined somewhat since 1995, due in part to early diagnosis and improved treatment of individuals with HIV infection. Seventy-five percent of individuals reported with AIDS have died. However, delays in reporting of both cases and deaths make it difficult to determine precisely the incidence and case-fatality rate.

APPENDIX

Reporting of HIV and AIDS in Manitoba

In Manitoba, HIV testing is non-nominal. A prescribed patient code is assigned when a physician completes the appropriate requisition. The code includes the last two letters of the mother's maiden name, the patient's year of birth, day of birth, gender, regional health authority (as defined by number) and first three characters of the patient's postal code. Prior to August 1998, the former Manitoba Health region (as defined by letter) was assigned to identify the patient's region of residence. Further, postal code was not included.

All HIV antibody testing is carried out at the Cadham Provincial Laboratory (CPL). Positive test results are subsequently forwarded to the Director of Communicable Disease Control as required by the *Diseases and Dead Bodies Regulation, Public Health Act*. It has been the practice of surveillance staff to enter case information into the HIV Database *after* the physician (requesting the test) has verified the test result as a new or existing case. However, there have been extensive delays in the completion of and return of the *Notification of HIV Infection* Form by health care professionals. Consequently, all HIV positive test results are considered new cases unless otherwise advised by the appropriate health care professional. This practice will serve to avoid under-reporting the incidence of HIV in Manitoba, however, duplicate cases will be included at this time. The Communicable Disease Control (CDC) Unit is working with Regional Health Authorities towards a satisfactory resolution in this regard.

Twice a year, line-listed data from the HIV Database are extracted and forwarded to the Centre for Infectious Disease Prevention and Control, Health Canada in Ottawa for inclusion within the national report, *HIV and AIDS in Canada*. Although non-nominal, the prescribed patient code is stripped prior to release. Instead, a sequential case number is assigned.

Provincially and nationally, AIDS cases and deaths are reportable by physicians. A federal reporting form, the *AIDS Case Reporting Form*, is used for this purpose. New AIDS cases and deaths are reported to the Director of Communicable Disease Control and subsequently forwarded to the Centre for Infectious Disease Prevention and Control. The Centre works diligently with other provinces to ensure that there are no duplications in the counting of cases. The variations you might see from previous reports with respect to the number of AIDS cases and deaths may be accounted for by delays in reporting as well as the fact that in Manitoba, the database is updated immediately once surveillance staff are notified that a particular case has been accounted for in another province.

Manitoba Health Statistical Update on HIV/AIDS

1985 - JUN 2000

CDC Unit
Public Health Branch
Manitoba Health

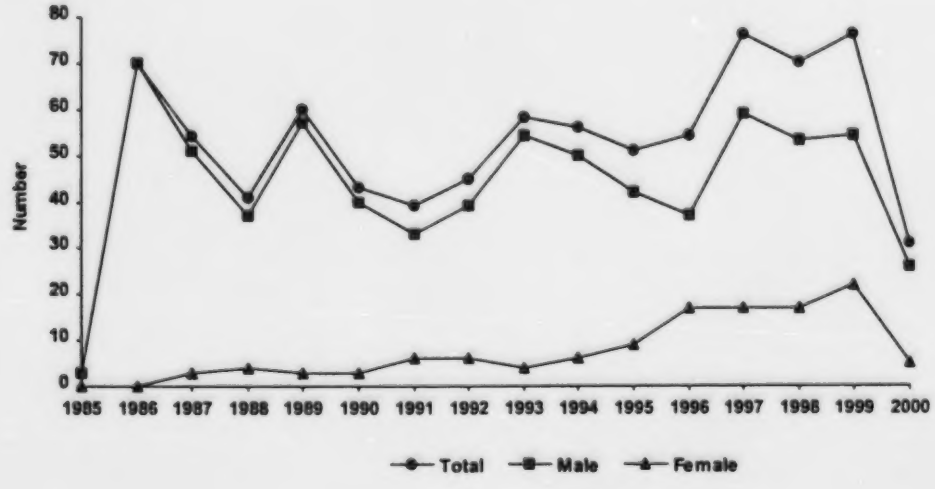
MANITOBA HEALTH

Table 1. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE, 1985-2000*

Year	Male	Female	Total
1985	3	0	3
1986	70	0	70
1987	51	3	54
1988	37	4	41
1989	57	3	60
1990	40	3	43
1991	33	6	39
1992	39	6	45
1993	54	4	58
1994	50	6	56
1995	42	9	51
1996	37	17	54
1997	59	17	76
1998	53	17	70
1999	54	22	76
2000	26	5	31
Total	705	122	827

* to 06/30/2000

Figure 1. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE, 1985-2000*



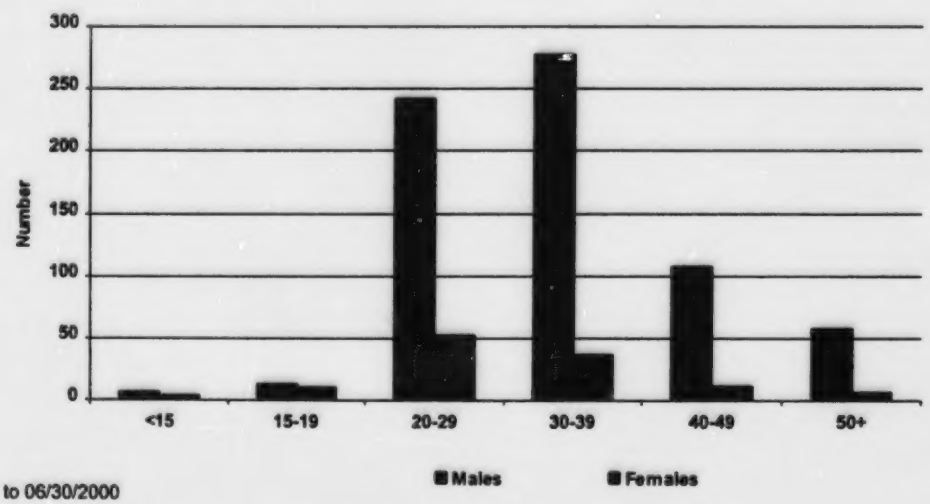
to 06/30/2000

Table 2. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY AGE AND GENDER, 2000*, 1999, CUMULATIVE 1985-1998 AND 1985-2000*

Age	Gender	2000*	1999	1985-1998	1985-2000*
		JAN-JUN	Total	Total	Total
<15	M	0	1	5	6
	F	0	0	4	4
15-19	M	0	0	13	13
	F	0	3	7	10
20-29	M	4	8	231	243
	F	1	9	42	52
30-39	M	11	31	236	278
	F	2	6	29	37
40-49	M	6	7	94	107
	F	1	4	7	12
50+	M	5	7	46	58
	F	1	0	6	7
Total	M	26	54	625	705
	F	5	22	95	122

* to 06/30/2000

Figure 2. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY AGE AND GENDER, 1985-2000*

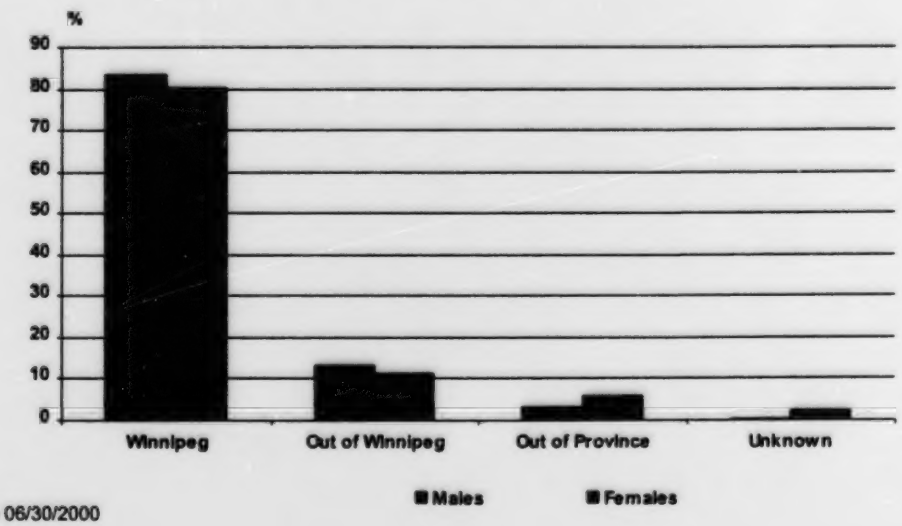


to 06/30/2000

Table 3. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY GEOGRAPHIC RESIDENCE AND GENDER, 2000*, 1999, CUMULATIVE 1985-1998 AND 1985-2000*

Geographic Residence	Gender	2000*	1999	1985-1998	1985-2000*
		JAN-JUN	Total	Total	Total
Winnipeg	M	22	44	521	587
	F	2	18	78	98
Brandon	M	1	0	0	1
Brandon, Marquette, S. Westman	M	0	1	17	18
	F	0	0	1	1
N. Eastman	M	0	1	0	1
	F	0	1	0	1
S. Eastman	M	0	1	0	1
N. Eastman, S. Eastman	M	0	0	11	11
	F	0	0	2	2
Interlake	M	1	3	20	24
	F	1	0	2	3
Central	M	1	2	21	24
	F	0	0	3	3
Parkland	M	0	1	4	5
	F	0	0	1	1
Norman	M	0	0	3	3
	F	1	0	0	1
Burntwood	M	1	1	4	6
	F	0	1	1	2
Unknown	M	0	0	2	2
	F	1	2	0	3
Out of Province	M	0	0	22	22
	F	0	0	7	7

Figure 3. PERCENTAGE OF HIV POSITIVE INFECTIONS IN MANITOBA BY REGION OF RESIDENCE AND GENDER, 1985-2000*



to 06/30/2000

Table 4. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY TRANSMISSION CATEGORY AND GENDER, 2000*, 1999, CUMULATIVE 1985-1998 AND 1985-2000*

Transmission Category	Gender	2000*	1999	1985-1998	1985-2000*
		JAN-JUN	Total	Total	Total
MSM	M	8	15	379	402
MSM/IDU	M	0	4	40	44
Heterosexual'	M	13	14	75	102
	F	2	11	39	52
IDU	M	3	10	64	77
	F	0	5	34	39
Perinatal	M	0	1	1	2
	F	0	0	1	1
Recp B/B products	M	0	3	25	28
	F	0	1	5	6
Endemic"	M	1	3	16	20
	F	0	1	9	10
NIR	M	1	4	25	30
	F	3	4	6	13
Total	M	26	54	625	705
	F	5	22	95	122

MSM = men having sex with men

IDU = injection drug use

Recp B/B products = recipient of blood/blood product

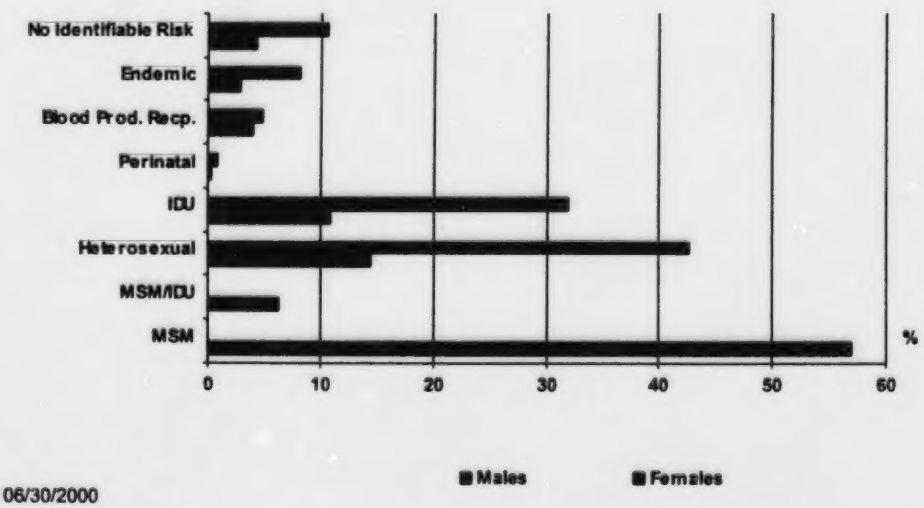
NIR = No Identified Risk

' Heterosexual activity includes persons reporting heterosexual activity with person(s) at risk of HIV infection

" Endemic includes persons originating from or residing in countries with a high prevalence of HIV

* to 06/30/2000

Figure 4. PERCENTAGE OF HIV POSITIVE INFECTIONS IN MANITOBA BY TRANSMISSION CATEGORY, 1985-2000*



to 06/30/2000

Table 5. NUMBER OF REPORTED AIDS CASES AND DEATHS, 1985-2000*

Year	Cases Reported"	Deaths Reported"
1985	2	0
1986	14	5
1987	8	7
1988	5	5
1989	17	11
1990	11	9
1991	21	9
1992	16	14
1993	15	18
1994	12	14
1995	18	16
1996	9	7
1997	7	6
1998	11	5
1999	12	7
2000	8	7
Total	186	140

* Because of delays in reporting, the number of reported cases and deaths does not necessarily represent the number of cases diagnosed or deaths occuring during the period.

* to 06/30/2000

Figure 5. NUMBER OF REPORTED AIDS CASES AND DEATHS, 1985-2000*

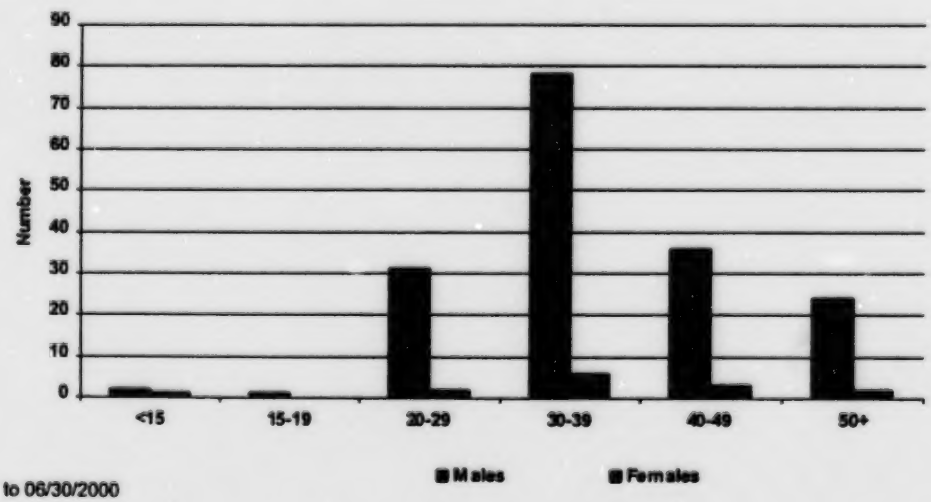
to 06/30/2000

Table 6. NUMBER OF REPORTED CASES OF AIDS BY AGE AND GENDER, 2000*, 1999, CUMULATIVE 1985-1998 AND 1985-2000*

Age	Gender	2000*	1999	1985-1998	1985-2000*
		JAN-JUN	Total	Total	Total
<15	M	0	0	2	2
	F	0	0	1	1
15-19	M	0	0	1	1
20-29	M	1	1	29	31
	F	0	0	2	2
30-39	M	0	4	74	78
	F	1	1	4	6
40-49	M	4	3	29	36
	F	0	1	2	3
50+	M	2	2	20	24
	F	0	0	2	2
Total	M	7	10	155	172
	F	1	2	11	14

* to 06/30/2000

Figure 6. NUMBER OF REPORTED CASES OF AIDS BY AGE AND GENDER, 1985-2000*



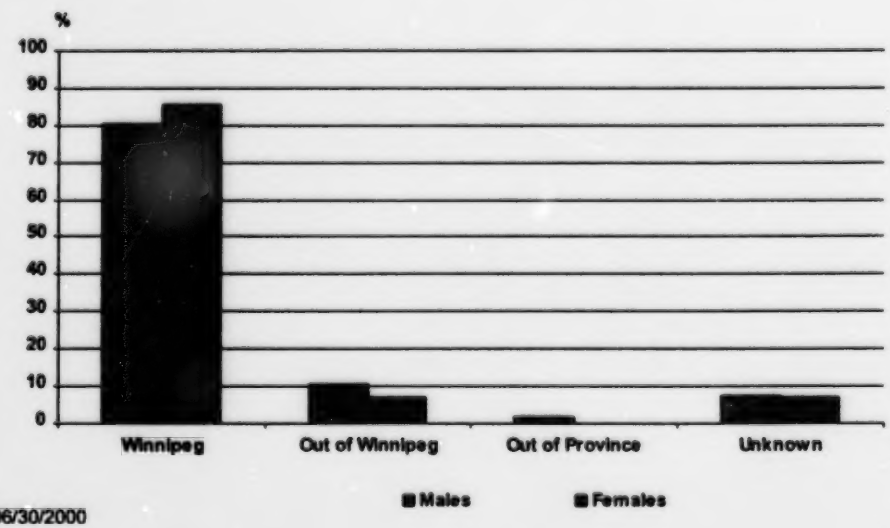
to 06/30/2000

Table 7. NUMBER OF REPORTED CASES OF AIDS BY GEOGRAPHIC RESIDENCE AND GENDER, 2000*, 1999, CUMULATIVE 1985-1998 AND 1985-2000*

Geographic Residence	Gender	2000*	1999	1985-1998	1985-2000*
		JAN-JUN	Total	Total	Total
Winnipeg	M	5	8	125	138
	F	1	2	9	12
Brandon	M	0	0	4	4
Marquette	M	0	1	1	2
S. Westman	M	0	1	0	1
Interlake	M	0	0	4	4
Central	M	0	0	1	1
Parkland	M	1	0	2	3
	F	0	0	1	1
Norman	M	0	0	1	1
Burntwood	M	0	0	2	2
Unknown	M	1	0	12	13
	F	0	0	1	1
Out of Province	M	0	0	3	3
Total	M	7	10	155	172
	F	1	2	11	14

* to 06/30/2000

Figure 7. PERCENTAGE OF AIDS CASES IN MANITOBA BY REGION OF RESIDENCE AND GENDER, 1985-2000*



to 06/30/2000

Table 8. NUMBER OF REPORTED CASES OF AIDS BY TRANSMISSION CATEGORY AND GENDER, 2000*, 1999, CUMULATIVE 1985-1998 AND 1985-2000*

Transmission Category	Gender	2000*	1999	1985-1998	1985-2000*
		JAN-JUN	Total	Total	Total
MSM	M	3	4	118	125
Heterosexual'	M	3	3	5	11
	F	1	2	4	7
IDU	M	1	1	12	14
	F	0	0	2	2
Perinatal	M	0	0	1	1
	F	0	0	1	1
Recp B/B products	M	0	1	14	15
	F	0	0	2	2
Endemic"	M	0	0	3	3
	F	0	0	2	2
NIR	M	0	1	2	3
Total	M	7	10	155	172
	F	1	2	11	14

MSM = men having sex with men

IDU = injection drug use

Recp B/B products = recipient of blood/blood product

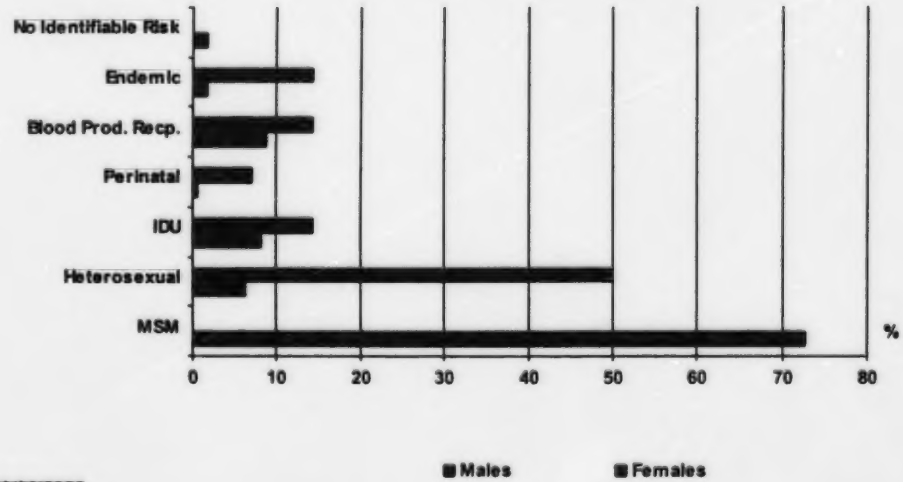
NIR = No Identified Risk

' Heterosexual activity includes persons reporting heterosexual activity with person(s) at risk of HIV infection

" Endemic includes persons originating from or residing in countries with a high prevalence of HIV

* to 06/30/2000

Figure 8. PERCENTAGE OF AIDS CASES IN MANITOBA BY TRANSMISSION CATEGORY AND GENDER, 1985-2000*



to 06/30/2000

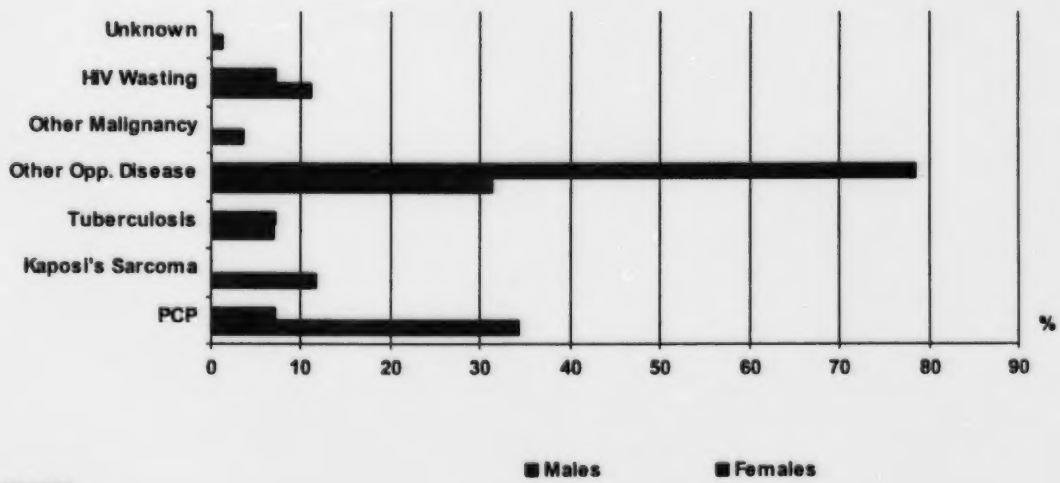
Table 9. NUMBER OF REPORTED CASES OF AIDS BY PRIMARY DIAGNOSIS AND GENDER, 2000*, 1999, CUMULATIVE 1985-1998 AND 1985-2000*

Primary Diagnosis	Gender	2000*	1999	1985-1998	1985-2000*
		JAN-JUN	Total	Total	Total
PCP	M	0	3	56	59
	F	0	0	1	1
Kaposi's Sarcoma	M	1	2	17	20
Tuberculosis	M	2	2	8	12
	F	0	0	1	1
Other Opportunistic Diseases	M	1	1	52	54
	F	1	2	8	11
Other Malignancy	M	1	0	5	6
HIV Wasting	M	2	1	16	19
	F	0	0	1	1
Unknown	M	0	1	1	2
Total	M	7	10	155	172
	F	1	2	11	14

PCP = pneumocystis carinii pneumonia

* to 06/30/2000

Figure 9. PERCENTAGE OF AIDS CASES IN MANITOBA BY PRIMARY DIAGNOSIS, 1985-2000*



to 06/30/2000